



Applicant Name: _____
Last, First, MI

Mailing Address: _____
Street Address, City, State, Zip

EMS Registry Number OR Professional Healthcare License Number

Work Phone:

Home Phone:

E-mail address: _____

Applicant Signature: _____

The above information is correct and I hereby agree to provide evaluation only to the skill and knowledge standards of my EMS certification level or professional healthcare licensure as it applies to prehospital EMS standards of care.

EMS Evaluator Workshop Information

Location:

Date:

Workshop Instructor:

Signature:

This workshop addressed methods and techniques of consistent and objective practical skills evaluation. I recommend the above applicant be approved to evaluate practical skills evaluations using Washington State Department of Health identified forms.

Approval Signatures

County Medical Program Director (MPD)

Date

DOH, Education, Training and Regional Support Section

Date

EMS Evaluator Requirements

You Must:

- A. 1. Be a currently certified EMS provider who has completed at least one certification cycle (3 years) **OR**
2. If not a certified EMS provider, a qualified (licensed) healthcare professional that has been delegated in writing by the MPD.
- B. Complete an Evaluator Workshop that teaches the methods and techniques to provide consistent and objective practical skill evaluations, and proficiency in the use of practical skills evaluation forms specific to the level of certification being evaluated, utilizing forms identified by the Department of Health.
- C. Be approved by your County MPD and the ETRS Section of the Office of Emergency Medical Services and Trauma System

Obtain Medical Program Director Signature, and Mail To:

Office of Emergency Medical Services and Trauma System
Education, Training and Regional Support Section
PO Box 47853
Olympia, WA 98504-7853
Questions? Call (360) 236-2840 or toll free at (800) 458-5281, Ext. 2